


FILE NOW: FILING FEE AFTER MAY 1ST IS \$350.00

FILED

Apr 24 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>V32823</u> 1. Corporation Name <u>Pro-Kil Pest Control Inc.</u>			
Principal Place of Business <u>7154 N. University Drive #238</u> <u>Tamarae Fl 33321</u>		Mailing Address	
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
9. Name and Address of Current Registered Agent <u>Edward Gambella</u> <u>3050 NE 43 St</u> <u>Fort Lauderdale Fl 33308</u>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.			
SIGNATURE _____ Signature typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required when reinstating) DATE _____			
12. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-ST-ZIP 1. <u>Pres</u> <u>Jeffrey Piccarreta</u> <u>5022 NW 89 way</u> <u>Coral Springs Fl 33067</u> 2. <u>VP</u> <u>Teresa Piccarreta</u> <u>5022 NW 89 way</u> <u>Coral Springs Fl 33067</u> 3. <u>DELETED</u> 4. <u>DELETED</u> 5. <u>DELETED</u> 6. <u>DELETED</u>		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP 2.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP 3.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP 4.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP 5.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP 6.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP	
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the registered agent or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13. I changed or corrected an attachment with an address.		60000249320 -04/24/98-01032-016 ***150.00	
SIGNATURE: <u>[Signature]</u>		4.17.98 0547419494	

CR2E034 (10/97)